

# DAPD PENDING INFORMATION UPDATE

COUNTY WELFARE DEPARTMENT ADDRESS

## DAPD ADDRESS

Oakland State Disability and  
Adult Programs Division  
P.O. Box 23645  
Oakland, CA 94623-0645

County Number	Aid Code	Case Number
—	—	—

Social Security Number  
on MC 221 — —

Applicant's Name  
(Last, First, MI) —

Date of Birth — —

**THIS FORM MUST BE USED WHEN A DISABILITY PACKET IS PENDING AT DAPD AND CHANGED/ADDITIONAL INFORMATION NEEDS TO BE SUBMITTED TO DAPD (DO NOT USE MC 221 TO REPORT CHANGES OR TO UPDATE INFORMATION.).**

**Check the appropriate box or boxes and complete the information.**

1. ☐ CHANGE OF ADDRESS

New address: \_\_\_\_\_  
\_\_\_\_\_

2. ☐ CHANGE OF TELEPHONE NUMBER

New telephone number: ( ) \_\_\_\_\_

3. ☐ CHANGE OF SOCIAL SECURITY NUMBER

Corrected number: — —

4. ☐ CASE CLOSED

Date: \_\_\_\_\_ (Discontinue evaluation)

5. ☐ CLIENT DECEASED

Death certificate attached ☐ Yes ☐ No

6. ☐ NON-ENGLISH SPEAKING

Language spoken: \_\_\_\_\_

Interpreter name: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

7. ☐ UPDATED MEDICAL RECORDS ATTACHED

8. ☐ CHANGE OF COUNTY WORKER (See below)

9. ☐ OTHER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worker name (Please print)	Worker number
Date	Telephone number ( )